

1. Employee No. 57250.

Name (Last, First, MI)

NAME (Last, First, MI)
MARKYVECH RONALD

K.

3. Div/Dept. No. C 3 = 380

4. Report No.

5. Dates of Expense:

To

Secy: Carole Hibner

Secy: Carole Hibner		Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total	
Date						3-29-94				
City						San Jose				
State/Country										
Meals							31.02			31.02
Incidentals										
Hotel/Motel										
Subtotal										
Accounting Use Only	County Code									
	Per Diem Rate									
	Variance									
Telephone										
Taxi, Auto Rental, Local Transp.										
Rate <u>28</u> per mile (miles)		()	()	()	()	(256)	()	()	()	(256)
Auto Expense Personal <input type="checkbox"/> Leased <input type="checkbox"/>						71.68				71.68
Employee Purchased Transp.										
Entertainment										
Parking										
Guest Meals										
Company Paid Transportation										
Leased Car Maint. (Detail Over)										
Other										
Total Expense							102.70			102.70

Count Distribution:

[illegible]

Advances:

(Cash, ~~Check~~, Hotel deposits

Company paid transportation

Carry over from previous report (if applicable) 06527 1994

Amount due employee
Amount due company

Purpose of Trip: PROJECT # 5956-01 WENT TCNA for software code walk through and technical presentation on the Autosplit concept.

Explain Expenditures Above By Day:

Today:

Monday:

esday:

Wednesday:

Thursday: LINE 8 PURCHASED BREAKFAST &
DINNER FOR TOM CANESS AND
MYSELF

Friday:

Saturday:

Exhibit 13

This is a true statement of all expenses incurred by me on behalf of the company for the period indicated.

Employee Signature R. Markyvech/ch

Date _____

Authorized For Reimbursement

Approved D. G. Smedley

10/11/94

Date _____

Printed in U.S.A.